

ARKANSAS
REPLACEMENT
LICENSE RENEWAL FORM FOR BUSINESS
AMOUNT OF FUNDS NEEDED\$

Licensee's Name

Licensee's Federal Tax Id#

Current Mailing Address

STREET OR P.O. BOX

CITY

STATE

ZIP

Current Business Address

STREET OR RURAL ROUTE

CITY

STATE

ZIP

Business Phone Number

Business FAX #

REASON FOR REQUESTING REPLACEMENT RENEWAL

THESE QUESTIONS MUST BE ANSWERED. Please put Yes or No.

- 1.Has the business, owner, partner or producer been convicted or are currently charged with a crime, (whether or not adjudication was withheld), since the last renewal of this license?

2. Has the business, owner, officer, partner or producer or any business in which you are or were an owner, partner, officer or director been involved in an administrative proceeding regarding any Professional or occupational license since the last renewal of this license?

3.Has any demand been made or judgment rendered against the business, owner, partner, officer or producer for overdue monies by an insurer, insured or producer, or have you been subject to a Bankruptcy proceeding since you last renewed this license?

4. Have you changed your mailing address and failed to notify the Department?

If you answer yes, you must attach to this renewal notice (a) a written statement explaining the circumstances of each incident, (b) a copy of any legal notice and(c) a copy of the official documentation showing the resolution or final judgment.

(Licensee's Signature and Date REQUIRED)

NAME

DATE:

License Renewal Notice—Administrative and Regulatory Fee
Arkansas Insurance Code Ann. requires payment on or before the expiration date. If payment is late the fine of double fee is automatically imposed. *The total needed would be \$105.00 for an agency if payment is received late. See list below for total need if renewal is received late.* Agencies renew on or before October 1 of each year. Surplus Lines, and Third Party Administrators renew of January 1 of each year. Car Renewal and Viatical Providers, and Viatical Brokers renew 1 year from licensure.
ALL NON-RESIDENT LICENSEES **MUST ATTACH** AN ORIGINAL HOME STATE CERTIFICATION NO MORE THAN 60 DAYS OLD. MAKE CHECK PAYABLE TO THE ARKANSAS INSURANCE DEPARTMENT TRUST FUND. Arkansas Law requires the licensee to pay this fee, and the insurance company is prohibited from paying this fee.
PLEASE MAIL PAYMENTS AND THE COMPLETED FORM to the attention of the License Division at:

ARKANSAS INSURANCE DEPARTMENT

Phone number 501-371-2750

1200 WEST THIRD STREET

LITTLE ROCK, ARKANSAS 72201-1904

Department Use Only:

Route Slip or Check number

Cash Payment

(Y N) if Cash Receipt Number

Date Received:

Record Posted

Problem or special instructions:

Fees for Renewal
Resident and Non-resident Agency \$35.00
Car Rental \$35.00
Viatical Provider \$100.00
Viatical Broker \$100.00
Surplus Lines Producer \$60.00
Third Party Administrator \$100.00
Agency Broker \$65.00
Agency Consultant \$60.00